

SCHOOL GROUP RESERVATION REQUEST FORM

To request a tour, please complete this form and return it to BEP at least four weeks in advance of the date that you are requesting. Keep a copy for your records. Additional tour requests may be submitted on photocopies of this form.

School Group requests are accepted by mail or fax <u>only</u> and will be processed in the order received. The tour must be re-booked if ten or more students are added to the original request. Written confirmations will be faxed no later than two weeks after receipt of written tour request. To cancel a school group tour, call (202) 874-2155, as soon as plans change. Teaching/Informational packets are also available upon request.

| Name of School: | | Principa | _ Principal's Name: | |
|--|------------|------------|-------------------------|--|
| Mailing Address: | | | _ E-mail address: | |
| | | School | School FAX Number: | |
| Primary Contact Name, Phone Number: | | | | |
| Secondary Contact Nar Phone Number: | | | | |
| Number in Group: Students Chaperones TOTAL NUMBER TO ATTEND TOUR: | | | | |
| Special Needs: (i.e. wheel chairs, hearing impediments, etc.): | | | | |
| School Group Tour Schedule Daily, Monday through Friday (Except Federal Holidays) | | | | |
| 11:00 a.m. | 11:20 a.m. | 11:40 a.m. | School Groups ONLY | |
| | | | School Groups | |
| 12:00 p.m. | 12:20 p.m. | 12:40 p.m. | ONLY School Groups ONLY | |
| 5:00 p.m. | 5:20 p.m. | 5:40 p.m. | (JUN, JUL, AUG ONLY) | |
| 1 st choice | | | | |
| 2 nd Choice | Day | Date | Time | |
| | Day | Date | Time | |
| Mail to: | | | | |
| Terri Phelps, School Group Tour Coordinator 14 th and C. Streets, S.W. – Room 151-M Washington, D.C. 20228 or FAX THIS FORM TO (202) 874-2310 | | | | |